

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

The Council of Insurance Agents &amp; Brokers Political Action Committee

ADDRESS (number and street)

701 Pennsylvania Avenue, NW

Suite 750

☐Check if different  
than previously  
reported. (ACC)

Washington

DC

20004

2608

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00039578

3. IS THIS  
REPORT☐NEW  
(N)**OR**☒AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☒

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

05

01

2009

through

05

31

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Ken A. Crerar

Signature of Treasurer

Electronically Filed by Ken A. Crerar

Date

03

10

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

A. Form/Schedule : **F3XA**  
Transaction ID :

Filing amendment to reflect reporting changes from prior month regarding balances changed in Column B  
YTD lines 11a, 11c, and 11d.

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

3 / 39

Write or Type Committee Name

The Council of Insurance Agents &amp; Brokers Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	5	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
0	5	3	1	2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2009</span>		201736.30
(b) Cash on Hand at Beginning of Reporting Period .....	273088.63	
(c) Total Receipts (from Line 19) .....	33715.10	227725.50
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	306803.73	429461.80
7. Total Disbursements (from Line 31) .....	36634.95	159293.02
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	270168.78	270168.78
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

The Council of Insurance Agents &amp; Brokers Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	5	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	W	Y
0	5	3	1	2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	28486.26	209430.26
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	5228.84	15295.24
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➤	33715.10	224725.50
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	3000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ..... ➤	33715.10	227725.50
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	33715.10	227725.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	33715.10	227725.50

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	745.55	5438.79	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	745.55	5438.79	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	33830.80	149594.98	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	2000.00	2000.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	2000.00	2000.00	
29. Other Disbursements.....	58.60	2259.25	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	36634.95	159293.02	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	36634.95	159293.02	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	33715.10	227725.50
34. Total Contribution Refunds (from Line 28(d)) .....	2000.00	2000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	31715.10	225725.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	745.55	5438.79
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	745.55	5438.79

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 39

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

The Council of Insurance Agents &amp; Brokers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Dane O. Leavitt

Mailing Address PO Box 130

City

Cedar City

State

UT

Zip Code

84721-0130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Leavitt Group (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 4 / 2 0 0 9

Transaction ID: 29882696

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Jaan Lumi

Mailing Address 1415 2nd Ave  
Unit 1901

City

Seattle

State

WA

Zip Code

98101-2081

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Parker Smith & Feek, Inc.  
(HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 4 / 2 0 0 9

Transaction ID: 29883180

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Robert N. Munao

Mailing Address 100 Mt. Misery Road

City

Huntington

State

NY

Zip Code

11743-6611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Thesco Benefits, LLC

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 6 / 2 0 0 9

Transaction ID: 29960460

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional) .....

3750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Thomas J. Rodell

Mailing Address 615 S. Dwyer Avenue

City

Arlington Heights

State

IL

Zip Code

60005-2262

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Aon Risk Services (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 7 / 2 0 0 9

Transaction ID: 29962706

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Mary Sklarski

Mailing Address 11 Northridge Lane

City

Lafayette

State

CA

Zip Code

94549-3146

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Woodruff-Sawyer & Company  
(HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 3 / 2 0 0 9

Transaction ID: 29964345

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Jenn Walsh

Mailing Address 1460 Bernal Avenue

City

Burlingame

State

CA

Zip Code

94010-5560

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Woodruff-Sawyer & Company  
(HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 4 / 2 0 0 9

Transaction ID: 29964369

Amount of Each Receipt this Period

2500.00

**SUBTOTAL** of Receipts This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Erric Hammond

Mailing Address 523 Canabra Court

City

Draper

State

UT

Zip Code

84020-6834

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fred A. Moreton & Co. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 4 / 2 0 0 9

Transaction ID: 29964392

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Terri F. Sheldon

Mailing Address 2211 East Kodiak Court

City

Draper

State

UT

Zip Code

84020-8813

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fred A. Moreton & Co. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 4 / 2 0 0 9

Transaction ID: 29964395

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. David F. Lyons

Mailing Address 7 Meadows Lane

City

Wilmington

State

DE

Zip Code

19807-1243

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lyons Companies

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 4 / 2 0 0 9

Transaction ID: 29964396

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Dell Van Gilder, Jr.

Mailing Address 1991 East Alameda #11

City

Denver

State

CO

Zip Code

80209-2729

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Van Gilder Insurance Corp-  
oration (HQ)

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 2 / 2 0 0 9

Transaction ID: 29964397

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. John R. Drew

Mailing Address 148 North Bemiston Avenue

City

Saint Louis

State

MO

Zip Code

63105-3811

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Daniel & Henry Company (H-  
Q), The

Occupation  
Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 1 / 2 0 0 9

Transaction ID: 29964398

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Shea Bollin

Mailing Address 444 West 47th Street  
Suite 900

City

Kansas City

State

MO

Zip Code

64112-1957

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lockton, Inc. (HQ)

Occupation  
Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 0 / 2 0 0 9

Transaction ID: 29964926

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2250.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 39

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents &amp; Brokers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Michael Craford

Mailing Address 10 Morgan Lane

City

San Rafael

State

CA

Zip Code

94901-2337

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Craford Benefit Consultan-  
ts (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	9	/	2	0	0	9

Transaction ID: 29964933

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Louisa C. Bolick

Mailing Address 31 Davis Avenue

City

Arlington

State

MA

Zip Code

02474-1201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
William Gallagher Assoc.  
Ins. Brokers,

Occupation

Insurance broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	7	/	2	0	0	9

Transaction ID: 29965274

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. James P. Smith

Mailing Address 85 North Street 5-86

City

Georgetown

State

MA

Zip Code

01833-1631

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
William Gallagher Assoc.  
Ins. Brokers,

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	7	/	2	0	0	9

Transaction ID: 29965356

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Michael H. Moran

Mailing Address 5 Wildwood Terrace

City

Winchester

State

MA

Zip Code

01890-2519

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
William Gallagher Assoc.  
Ins. Brokers.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 7 / 2 0 0 9

Transaction ID: 29991194

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Michael J. Curtin

Mailing Address 154 Cedar Lane

City

Westwood

State

MA

Zip Code

02090-1014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
William Gallagher Assoc.  
Ins. Brokers.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 7 / 2 0 0 9

Transaction ID: 29991195

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Mindy M. Evanter

Mailing Address 16 Carol Road

City

Marblehead

State

MA

Zip Code

01945-2118

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
William Gallagher Assoc.  
Ins. Brokers.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 7 / 2 0 0 9

Transaction ID: 29991232

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Anita Verheul

Mailing Address 109 Hillside Avenue

City

Arlington

State

MA

Zip Code

02476-7268

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
William Gallagher Assoc.  
Ins. Brokers.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 7 / 2 0 0 9

Transaction ID: 29993215

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Zachary J. Fritz

Mailing Address 6917 SW 26th Street

City

Portland

State

OR

Zip Code

97219-2568

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Craford Benefit Consultan-  
ts

Occupation

Insurance broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 7 / 2 0 0 9

Transaction ID: 30001661

Amount of Each Receipt this Period

340.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Clint P. Tripodi

Mailing Address 3100 Burkhart Lane

City

Sebastopol

State

CA

Zip Code

95472-9539

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Craford Benefit Consultan-  
ts (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 7 / 2 0 0 9

Transaction ID: 30001667

Amount of Each Receipt this Period

680.00

**SUBTOTAL** of Receipts This Page (optional) .....

1520.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Jeffrey A. Ursprung

Mailing Address 23 Ketch Lane

City

Quincy

State

MA

Zip Code

02171-1552

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
William Gallagher Assoc.  
Ins. Brokers.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 7 / 2 0 0 9

Transaction ID: 30002246

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Michael Kearney

Mailing Address 295 Beacon Street #34

City

Boston

State

MA

Zip Code

02116-1237

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
William Gallagher Assoc.  
Ins. Brokers.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 7 / 2 0 0 9

Transaction ID: 30003260

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Michael J. Andersen

Mailing Address 48 Milestone Drive

City

Ringoes

State

NJ

Zip Code

08551-2036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
William Gallagher Associa-  
tes

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 7 / 2 0 0 9

Transaction ID: 30003352

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Kirk L. Jensen

Mailing Address 128 Wellesley Street

City

Boston

State

MA

Zip Code

02210

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
William Gallagher Assoc.  
Ins. Brokers.

Occupation

Insurance broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 7 / 2 0 0 9

Transaction ID: 30003353

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Jennifer Sharkey-Griswold

Mailing Address 11 Wagon Road

City

Walpole

State

MA

Zip Code

02081-2284

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
William Gallagher Assoc.  
Ins. Brokers.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 7 / 2 0 0 9

Transaction ID: 30003359

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Cynthia J. Bowman

Mailing Address 1360 E 9th Street  
Suite 600

City

Cleveland

State

OH

Zip Code

44114-1737

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oswald Companies (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 2 / 2 0 0 9

Transaction ID: 30010615

Amount of Each Receipt this Period

90.00

**SUBTOTAL** of Receipts This Page (optional) .....

590.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Paul Catania

Mailing Address 5758 Williamsburg Circle

City

Hudson

State

OH

Zip Code

44236-3780

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oswald Companies (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 2 / 2 0 0 9

Transaction ID: 30010732

Amount of Each Receipt this Period

60.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Kathleen A. Daberko

Mailing Address 1360 E 9th Street  
Suite 600

City

Cleveland

State

OH

Zip Code

44114-1737

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oswald Companies (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 2 / 2 0 0 9

Transaction ID: 30010889

Amount of Each Receipt this Period

42.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Theresa DiVincenzo

Mailing Address 1360 E 9th Street  
Suite 600

City

Cleveland

State

OH

Zip Code

44114-1737

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oswald Companies (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 2 / 2 0 0 9

Transaction ID: 30010890

Amount of Each Receipt this Period

41.60

**SUBTOTAL** of Receipts This Page (optional) .....

143.60

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 17 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Joseph R. Eardley

Mailing Address 1360 E 9th Street  
Suite 600

City State Zip Code  
Cleveland OH 44114-1737

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Oswald Companies (HQ)

Occupation  
Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 2 / 2 0 0 9

Transaction ID: 30010892

Amount of Each Receipt this Period

42.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert W. Edmonds, III

Mailing Address 1360 E 9th Street  
Suite 600

City State Zip Code  
Cleveland OH 44114-1737

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Oswald Companies (HQ)

Occupation  
Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 2 / 2 0 0 9

Transaction ID: 30011008

Amount of Each Receipt this Period

41.66

**C.**

Full Name (Last, First, Middle Initial)

Ms. Gloria I. Jones

Mailing Address 1360 E 9th Street  
Suite 600

City State Zip Code  
Cleveland OH 44114-1737

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Oswald Companies (HQ)

Occupation  
Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.40

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 2 / 2 0 0 9

Transaction ID: 30011010

Amount of Each Receipt this Period

41.68

**SUBTOTAL** of Receipts This Page (optional) .....

125.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 18 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. James M. Kenny

Mailing Address 1360 E 9th Street  
Suite 600

City State Zip Code  
Cleveland OH 44114-1737

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oswald Companies (HQ)

Occupation  
Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 2 / 2 0 0 9

Transaction ID: 30011011

Amount of Each Receipt this Period

42.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Eric L. Krieg

Mailing Address 31724 Leeward CT

City State Zip Code  
Avon Lake OH 44012-2923

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oswald Companies (HQ)

Occupation  
Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 2 / 2 0 0 9

Transaction ID: 30011014

Amount of Each Receipt this Period

42.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. William J. Leonard

Mailing Address 29767 Devonshire Oval

City State Zip Code  
Westlake OH 44145-3895

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oswald Companies (HQ)

Occupation  
Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 2 / 2 0 0 9

Transaction ID: 30011016

Amount of Each Receipt this Period

41.66

**SUBTOTAL** of Receipts This Page (optional) .....

125.66

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Edward X. McNamara

Mailing Address 1360 E 9th Street  
Suite 600

City State Zip Code  
Cleveland OH 44114-1737

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Oswald Companies (HQ)

Occupation  
Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 2 / 2 0 0 9

Transaction ID: 30011017

Amount of Each Receipt this Period

84.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Todd R. Miller

Mailing Address 1360 E 9th Street  
Suite 600

City State Zip Code  
Cleveland OH 44114-1737

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Oswald Companies (HQ)

Occupation  
Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 2 / 2 0 0 9

Transaction ID: 30011020

Amount of Each Receipt this Period

41.66

**C.**

Full Name (Last, First, Middle Initial)

Mr. Michael G. Miron

Mailing Address 1360 E 9th Street  
Suite 600

City State Zip Code  
Cleveland OH 44114-1737

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Oswald Companies (HQ)

Occupation  
Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 2 / 2 0 0 9

Transaction ID: 30011022

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

175.66

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Steffan J. Moody

Mailing Address 1360 E 9th Street  
Suite 600

City State Zip Code  
Cleveland OH 44114-1737

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Oswald Companies (HQ)

Occupation  
Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 2 / 2 0 0 9

Transaction ID: 30011023

Amount of Each Receipt this Period

42.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Brian T. Muldoon

Mailing Address 1360 E 9th Street  
Suite 600

City State Zip Code  
Cleveland OH 44114-1737

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Oswald Companies (HQ)

Occupation  
Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 2 / 2 0 0 9

Transaction ID: 30011024

Amount of Each Receipt this Period

46.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. David M. Orloff

Mailing Address 26441 Shaker Blvd.

City State Zip Code  
Beachwood OH 44122-7115

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Oswald Companies (HQ)

Occupation  
Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 2 / 2 0 0 9

Transaction ID: 30011026

Amount of Each Receipt this Period

42.00

**SUBTOTAL** of Receipts This Page (optional) .....

130.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Ms. Melissa Robinson

Mailing Address 4024 West 157th Street

City

Cleveland

State

OH

Zip Code

44135-1232

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oswald Companies (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 2 / 2 0 0 9

Transaction ID: 30011030

Amount of Each Receipt this Period

42.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Jeffrey J. Schwab

Mailing Address 1360 E 9th Street  
Suite 600

City

CLEVELAND

State

OH

Zip Code

44114-1737

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oswald Companies (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 2 / 2 0 0 9

Transaction ID: 30011031

Amount of Each Receipt this Period

84.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Michael H. Bill

Mailing Address 5940 East Paisano Circle

City

Phoenix

State

AZ

Zip Code

85018-4603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MJ Insurance, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 2 / 2 0 0 9

Transaction ID: 30011353

Amount of Each Receipt this Period

2500.00

**SUBTOTAL** of Receipts This Page (optional) .....

2626.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. James R. Hackbarth

Mailing Address 1240 Marlyn Drive

City

Columbus

State

OH

Zip Code

43220-3938

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Assurex Global

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 2 / 2 0 0 9

Transaction ID: 30011356

Amount of Each Receipt this Period

1500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Frank L. Zima

Mailing Address 4650 College Boulevard  
Suite 300

City

Overland Park

State

KS

Zip Code

66211-1920

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Haake Companies

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 2 / 2 0 0 9

Transaction ID: 30011368

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Jeffrey Bolmeyer

Mailing Address 90 Greensward Lane

City

Cherry Hill

State

NJ

Zip Code

08002-4708

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lyons Companies

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 2 / 2 0 0 9

Transaction ID: 30011382

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 39

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents &amp; Brokers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Ms. Cindy H. Stellhorn

Mailing Address 15716 Hidden Oaks Court

City

Carmel

State

IN

Zip Code

46033-8158

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MJ Insurance, Inc. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	2		2	0	0	9

Transaction ID: 30011864

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Mark W. Davis

Mailing Address 441 Hidden Lake Circle

City

Bountiful

State

UT

Zip Code

84010-6085

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fred A. Moreton & Co. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	2		2	0	0	9

Transaction ID: 30011881

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. William R. Moreton

Mailing Address 709 East South Temple

City

Salt Lake City

State

UT

Zip Code

84102-1205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fred A. Moreton & Co. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	2		2	0	0	9

Transaction ID: 30011883

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Monte R. Fautin

Mailing Address 2941 Wood Hollow Way

City

Bountiful

State

UT

Zip Code

84010-1241

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fred A. Moreton & Co. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 2 / 2 0 0 9

Transaction ID: 30011894

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Alex Gloeckner

Mailing Address 2606 Creighton Way

City

Salt Lake City

State

UT

Zip Code

84121-4059

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fred A. Moreton & Co. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 2 / 2 0 0 9

Transaction ID: 30011896

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Matthew L. Dewaal

Mailing Address 2 Shadow Wood Lane

City

Sandy

State

UT

Zip Code

84092-4910

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fred A. Moreton & Co. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 2 / 2 0 0 9

Transaction ID: 30012099

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Brad Kupfer

Mailing Address 651 Rockwood Drive

City

North Salt Lake

State

UT

Zip Code

84054-3354

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Fred A. Moreton & Co. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 2 / 2 0 0 9

Transaction ID: 30012100

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Gregory Collins

Mailing Address 2730 258th Place, SE

City

Sammamish

State

WA

Zip Code

98075-7925

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Parker Smith & Feek, Inc.  
(HQ)

Occupation

Vice President & COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 2 / 2 0 0 9

Transaction ID: 30012166

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Gregory E. Walsh

Mailing Address 37 103rd Avenue NE #210

City

Bellevue

State

WA

Zip Code

98004-4971

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Parker Smith & Feek, Inc.  
(HQ)

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 2 / 2 0 0 9

Transaction ID: 30012179

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. David F. Uppinghouse

Mailing Address 3068 East Nichols Circle

City

Centennial

State

CO

Zip Code

80122-3462

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Van Gilder Insurance Corp-  
oration (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 2 / 2 0 0 9

Transaction ID: 30012192

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Natale Calamis

Mailing Address 180 Shadow Brook Drive

City

Warwick

State

RI

Zip Code

02886-9556

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Starkweather & Shepley In-  
s. Brokerage,

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 0 9

Transaction ID: 30016326

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. David Pagoumian

Mailing Address 40 Laird Street  
Apartment 438

City

Long Branch

State

NJ

Zip Code

07740-8101

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Napco LLC (HQ)

Occupation

Insurance broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 9 / 2 0 0 9

Transaction ID: 30016331

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 39

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents &amp; Brokers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. David Ridgway

Mailing Address P.O. Box 24466

City

St Croix

State

VI

Zip Code

00824-0466

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Marshall & Sterling, Inc.  
(HQ)Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	8		2	0	0	9

Transaction ID: 31426671

Amount of Each Receipt this Period

0.00

**[MEMO ITEM]**Refund(s) on Schedule B  
Totaling \$500.00 This changes the YTD Total to \$0.-00**B.**

Full Name (Last, First, Middle Initial)

Mr. John McDonald

Mailing Address 12 Lenox Road

City

Summit

State

NJ

Zip Code

07901-3733

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Herbert L. Jamison & Co.,  
LLC (HQ)Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9		2	0	0	9

Transaction ID: 31426672

Amount of Each Receipt this Period

0.00

**[MEMO ITEM]**Refund(s) on Schedule B  
Totaling \$1500.00 This changes the YTD Total to \$1-500.00

SUBTOTAL of Receipts This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

28486.26

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 28 / 39

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Wired For Change</p> <p>Mailing Address 1700 Connecticut Avenue, NW Suite 403</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 29884286</p> <p><b>Date of Disbursement</b>  <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 5</div> <div>0 5</div> <div>2 0 0 9</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>400.00</div> </p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) First Data</p> <p>Mailing Address P.O. Box 6600</p> <p>City Hagerstown State MD Zip Code 21741-6600</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 30039373</p> <p><b>Date of Disbursement</b>  <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 5</div> <div>0 5</div> <div>2 0 0 9</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>256.50</div> </p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address P.O. Box 2878</p> <p>City Omaha State NE Zip Code 68103-2878</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 30039797</p> <p><b>Date of Disbursement</b>  <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 5</div> <div>3 1</div> <div>2 0 0 9</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>89.05</div> </p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**745.55**

**TOTAL** This Period (last page this line number only) ..... ►

**745.55**

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 29 / 39

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents &amp; Brokers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Friends of John Thune

Mailing Address 2555 Pennsylvania Avenue

City Washington State DC Zip Code 20037

Purpose of Disbursement

Candidate Name  
Mr. John ThuneOffice Sought: ☐ House  
☒ Senate  
☐ President

State: SD District:

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 29900338

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	6		2	0	0	9

Amount of Each Disbursement this Period

1000.00									
---------	--	--	--	--	--	--	--	--	--

011

Category/  
Type**B.**

Full Name (Last, First, Middle Initial)

Friends Of Bill Posey

Mailing Address P. O. Box 360877

City Melbourne State FL Zip Code 32936

Purpose of Disbursement

Candidate Name  
Rep. Bill PoseyOffice Sought: ☒ House  
☐ Senate  
☐ President

State: FL District: 15

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 29900343

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	6		2	0	0	9

Amount of Each Disbursement this Period

1000.00									
---------	--	--	--	--	--	--	--	--	--

011

Category/  
Type**C.**

Full Name (Last, First, Middle Initial)

Stephen F. Lynch For Congress Committee

Mailing Address 105 Farragut Road

City South Boston State MA Zip Code 02127

Purpose of Disbursement

Candidate Name  
Rep. Stephen F. LynchOffice Sought: ☒ House  
☐ Senate  
☐ President

State: MA District: 09

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 29900344

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	6		2	0	0	9

Amount of Each Disbursement this Period

250.00									
--------	--	--	--	--	--	--	--	--	--

011

Category/  
Type

SUBTOTAL of Disbursements This Page (optional) .....

2250.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 30 / 39

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)  
Bennett Election Committee Inc

Mailing Address 175 South West Temple Suite 650

City State Zip Code  
Salt Lake City UT 84101

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Sen. Robert F. Bennett

Office Sought: ☐ House ☒ Senate ☐ President  
Disbursement For: 2010 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: UT District:

Transaction ID: 29933352

Date of Disbursement

05 / 15 / 2009

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)  
Minnick For Congress

Mailing Address P O Box 306

City State ID Zip Code  
Boise ID 83701

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. Walter Clifford Minnick

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2010 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: ID District: 01

Transaction ID: 29933354

Date of Disbursement

05 / 15 / 2009

Amount of Each Disbursement this Period

1500.00

C.

Full Name (Last, First, Middle Initial)  
Continuing a Majority PAC (CAMPAC)

Mailing Address 2501 Wisconsin Avenue NW  
Number 304

City State Zip Code  
Washington DC 20007

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Continuing a Majority PAC (CAMPAC)

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 29933355

Date of Disbursement

05 / 15 / 2009

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

4500.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 31 / 39

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

The Council of Insurance Agents &amp; Brokers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dirigo PAC

Mailing Address P.O. Box 1355

City  
AlexandriaState  
VAZip Code  
22313-1355

Purpose of Disbursement

Candidate Name  
Dirigo PACOffice Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼**Transaction ID:** 29933356

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	5		2	0	0	9

Amount of Each Disbursement this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

Melissa Bean For Congress

Mailing Address PO Box 3068

City  
BarringtonState  
ILZip Code  
60010

Purpose of Disbursement

Candidate Name  
Rep. Melissa L. BeanOffice Sought: ☒ House  
☐ Senate  
☐ President

State: IL District: 08

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼**Transaction ID:** 29933363

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	5		2	0	0	9

Amount of Each Disbursement this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)

Allyson Schwartz For Congress

Mailing Address P.O. Box 2232

City  
JenkintownState  
PAZip Code  
19046

Purpose of Disbursement

Candidate Name  
Rep. Allyson Y. SchwartzOffice Sought: ☒ House  
☐ Senate  
☐ President

State: PA District: 13

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼**Transaction ID:** 29933365

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	5		2	0	0	9

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

6000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Steve Israel For Congress Committee

Mailing Address PO Box 777

City State Zip Code  
Deer Park NY 11729

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. Steve J. Israel

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 02

Transaction ID: 29933366

Date of Disbursement

05 / 15 / 2009

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
AMERIPAC

Mailing Address 499 South Capitol Street, SW  
Suite 414

City State Zip Code  
Washington DC 20003

Purpose of Disbursement

011  
Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 29933367

Date of Disbursement

05 / 15 / 2009

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
Friends of John Thune

Mailing Address 2555 Pennsylvania Avenue

City State Zip Code  
Washington DC 20037

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Mr. John Thune

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: SD District:

Transaction ID: 29933368

Date of Disbursement

05 / 15 / 2009

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 33 / 39

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents &amp; Brokers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Friends of John Thune

Mailing Address 2555 Pennsylvania Avenue

City Washington State DC Zip Code 20037

Purpose of Disbursement

Candidate Name  
Mr. John ThuneOffice Sought: ☐ House  
☒ Senate  
☐ President

State: SD District:

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: 29933369

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	5		2	0	0	9

Amount of Each Disbursement this Period

1000.00									
---------	--	--	--	--	--	--	--	--	--

011

Category/  
Type**B.**

Full Name (Last, First, Middle Initial)

Bon Vivant Catering

Mailing Address 6330 Dunman Way

City Alexandria State VA Zip Code 22315

Purpose of Disbursement  
Fundraising Breakfast for Congresswoman Suzanne Kosmas on 5/7/09Candidate Name  
Suzanne KosmasOffice Sought: ☒ House  
☐ Senate  
☐ President

State: FL District: 24

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 29933372

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	5		2	0	0	9

Amount of Each Disbursement this Period

580.80									
--------	--	--	--	--	--	--	--	--	--

011

Category/  
TypeFundraising Breakfast for  
Congresswoman Suzanne Kos-  
mas on 5/7/09**C.**

Full Name (Last, First, Middle Initial)

LaTourette for Congress Committee

Mailing Address P.O. Box 516

City Painesville State OH Zip Code 44077

Purpose of Disbursement

Candidate Name  
Steven C. LaTouretteOffice Sought: ☒ House  
☐ Senate  
☐ President

State: OH District: 19

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 29964936

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	0		2	0	0	9

Amount of Each Disbursement this Period

1000.00									
---------	--	--	--	--	--	--	--	--	--

011

Category/  
Type

SUBTOTAL of Disbursements This Page (optional) .....

2580.80

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents &amp; Brokers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Georgians for Isakson

Mailing Address P.O. Box 71955

City  
MariettaState  
GAZip Code  
30007

Purpose of Disbursement

011

Category/  
TypeCandidate Name  
Johnny IsaksonOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA District: 06

Transaction ID: 29964939

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	0		2	0	0	9

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Rogers For Congress

Mailing Address PO Box 581  
Post Office Box 581City  
BrightonState  
MIZip Code  
48116

Purpose of Disbursement

011

Category/  
TypeCandidate Name  
Mr. Michael RogersOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 08

Transaction ID: 29964940

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	0		2	0	0	9

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Patrick Murphy For Congress

Mailing Address P.O. Box 868

City  
LevittownState  
PAZip Code  
19058

Purpose of Disbursement

011

Category/  
TypeCandidate Name  
Rep. Patrick J. MurphyOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 08

Transaction ID: 29964943

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	0		2	0	0	9

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional) .....

5000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Kosmas For Congress

Mailing Address PO Box 1547

City  
New Smyrna Beach

State  
FL

Zip Code  
32170

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Suzanne Kosmas

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 24

**Transaction ID:** 29964944

Date of Disbursement

05 / 20 / 2009

Amount of Each Disbursement this Period

2000.00

**B.**

Full Name (Last, First, Middle Initial)

Kansans For Tiahrt

Mailing Address 2250 N Rock Road  
Suite 118a

City  
Wichita

State  
KS

Zip Code  
67226

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Rep. Todd W. Tiahrt

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: KS District: 04

**Transaction ID:** 29964945

Date of Disbursement

05 / 20 / 2009

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Earl Pomeroy For Congress

Mailing Address Post Office Box 9336

City  
Fargo

State  
ND

Zip Code  
58106

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Rep. Earl Pomeroy

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: ND District: 01

**Transaction ID:** 29964947

Date of Disbursement

05 / 20 / 2009

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Friends Of Ginny Brown-Waite

Mailing Address PO Box 865

City  
Brooksville

State  
FL

Zip Code  
34605

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. Virginia Brown-Waite

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2010

☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL

District: 05

Transaction ID: 29964948

Date of Disbursement

05 / 20 / 2009

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Adler For Congress

Mailing Address 14 Knightswood Drive

City  
Marlton

State  
NJ

Zip Code  
08053

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Mr. John Adler

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2010

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NJ

District: 03

Transaction ID: 29964949

Date of Disbursement

05 / 20 / 2009

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Evan Bayh Committee

Mailing Address One North Capitol Avenue  
Suite 200

City  
Indianapolis

State  
IN

Zip Code  
46204

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Evan Bayh

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

2010

☒ Primary ☐ General  
☐ Other (specify) ▼

State: IN

District:

Transaction ID: 29964950

Date of Disbursement

05 / 20 / 2009

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents &amp; Brokers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Bennett Election Committee Inc

Mailing Address 175 South West Temple Suite 650

City State Zip Code  
Salt Lake City UT 84101

Purpose of Disbursement

Candidate Name  
Sen. Robert F. BennettOffice Sought: ☐ House  
☒ Senate  
☐ President

State: UT District:

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼011  
Category/  
Type

Transaction ID: 29964961

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	0		2	0	0	9

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Friends of John Boehner

Mailing Address 7908 Cincinnati-Dayton Road  
Suite ICity State Zip Code  
West Chester OH 45069

Purpose of Disbursement

Candidate Name  
John A. BoehnerOffice Sought: ☒ House  
☐ Senate  
☐ President

State: OH District: 08

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼011  
Category/  
Type

Transaction ID: 29965077

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	7		2	0	0	9

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

2000.00

TOTAL This Period (last page this line number only) .....

33830.80

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☐ 27 ☒ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. David Ridgway

Mailing Address P.O. Box 24466

City  
St Croix

State  
VI

Zip Code  
00824-0466

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 29962747

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. John McDonald

Mailing Address 12 Lenox Road

City  
Summit

State  
NJ

Zip Code  
07901-3733

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 29964932

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

2000.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 39 / 39

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Authorize.Net

Mailing Address 808 East Utah Valley Drive

City American Fork State UT Zip Code 84003

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 30039060

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	4		2	0	0	9

Amount of Each Disbursement this Period

58.60

**SUBTOTAL** of Disbursements This Page (optional) .....

58.60

**TOTAL** This Period (last page this line number only) .....

58.60